PTO/SB/80 (01-06)
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I hereby revoke all previous powers of attorney given in the application identified in the attached statement under

Assignee Name and Address:

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A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

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SIGNATURE of Assignee of Record

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

The marriage viscos of		
Signature	Catherine Warest	Date March 27,2009
Name	Catherine Maresh	Telephone 408-350-8819
TM-	Senior JP Counsel	

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